

Form 990Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2000

Open to Public Inspection

A For the 2000 calendar year, OR tax year period beginning**and ending****B Check if applicable:**

Please use IRS label or print or type. See Specific Instructions.

Change of address
 Change of name
 Initial return
 Final return
 Amended return (use also for state reporting)

C Name of organization
ASSOCIATES IN COUNSELING AND CHILD GUIDANCE, INC.**D Employer identification number****25-1822655****E Number and street (or P.O. box if mail is not delivered to street address)**
272 E. CONNELLY BLVD.**F Room/suite**
(724) 983-1381**G City or town, state or country, and ZIP**
SHARON, PA 16146**H Check ► if application pending****G Organization type (check only one) ► 501(c)(3) (insert no.) 527
OR 4947(a)(1)**

(H and I are not applicable to section 527 orgs.)

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ►

H(c) Are all affiliates included? (If "No," attach a list.) Yes NoH(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Enter 4-digit group exemption no. (GEN) ►

L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ►

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

J Accounting method: Cash Accrual Other (specify) ►**K Check here ► if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

REVENUE SEP 24 2001	1 Contributions, gifts, grants, and similar amounts received:		
	a Direct public support	1a	
	b Indirect public support	1b	
	c Government contributions (grants)	1c	
	d Total (add lines 1a through 1c)	1d	0.
	(cash \$ _____ noncash \$ _____)		
	2 Program service revenue including government fees and contracts (from Part VI, line 93)	2	6,323,165.
	3 Membership dues and assessments	3	
	4 Interest on savings and temporary cash investments	4	
	5 Dividends and interest from securities	5	
Revenue	6 a Gross rents	6a	
	b Less: rental expenses	6b	
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c	
	7 Other investment income (describe) ►	7	
	8 a Gross amount from sale of assets other than inventory	(A) Securities	(B) Other
	b Less: cost or other basis and sales expenses	8a	
	c Gain or (loss) (attach schedule)	8b	
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	
	9 Special events and activities (attach schedule)		
	a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	
	b Less: direct expenses other than fundraising expenses	9b	
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	
	10 a Gross sales of inventory, less returns and allowances	10a	
	b Less: cost of goods sold	10b	
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	
	11 Other revenue (from Part VII, line 103)	11	
	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	6,323,165.
Expenses	13 Program services (from line 44, column (B))	13	5,276,749.
	14 Management and general (from line 44, column (C))	14	747,450.
	15 Fundraising (from line 44, column (D))	15	
	16 Payments to affiliates (attach schedule)	16	
	17 Total expenses (add lines 16 and 44, column (A))	17	6,024,199.
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	298,966.
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	296,779.
	20 Other changes in net assets or fund balances (attach explanation)	20	0.
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	595,745.

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12-19-00 LHA For Paperwork Reduction Act Notice, see page 1 of the separate instructions.

Form 990 (2000)

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EXHIBIT

B

ASSOCIATES IN COUNSELING AND CHILD
GUIDANCE, INC.

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Part II Statement of Functional Expenses		All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.			
		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>					
22 Grants and allocations (attach schedule)					
cash \$	22				
23 Specific assistance to individuals (attach schedule)					
24 Benefits paid to or for members (attach schedule)					
25 Compensation of officers, directors, etc.	25	93,300.	46,650.	46,650.	0.
26 Other salaries and wages	26	1,238,572.	1,181,321.	57,251.	
27 Pension plan contributions					
28 Other employee benefits	28	32,990.	30,351.	2,639.	
29 Payroll taxes	29	161,918.	148,965.	12,953.	
30 Professional fundraising fees					
31 Accounting fees	31				
32 Legal fees	32	524,169.		524,169.	
33 Supplies	33	91,175.	91,175.		
34 Telephone	34	46,617.	46,617.		
35 Postage and shipping	35	4,847.		4,847.	
36 Occupancy	36	9,247.	9,247.		
37 Equipment rental and maintenance	37	35,105.	35,105.		
38 Printing and publications	38	4,982.	4,982.		
39 Travel	39				
40 Conferences, conventions, and meetings	40	15,233.	15,233.		
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	15,856.	15,856.		
43 Other expenses (itemize):					
a	43a				
b	43b				
c	43c				
d	43d				
e SEE STATEMENT 1	43e	3,750,188.	3,651,247.	98,941.	
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (C)-(D), carry these totals to lines 13-15	44	6,024,199.	5,276,749.	747,450.	0.

Reporting of Joint Costs: Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? Yes No

If "Yes," enter (I) the aggregate amount of these joint costs \$ _____; (II) the amount allocated to Program services \$ _____;
(III) the amount allocated to Management and general \$ _____, and (IV) the amount allocated to Fundraising \$ _____.

Part III: Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? ►

TO PROVIDE MENTAL HEALTH SERVICES FOR CHILDREN

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses

(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a TO PROVIDE MENTAL HEALTH SERVICES FOR CHILDREN.

(Grants and allocations \$) 5,276,749.

b _____

(Grants and allocations \$) _____

c _____

(Grants and allocations \$) _____

d _____

(Grants and allocations \$) _____

e Other program services (attach schedule) (Grants and allocations \$) _____

f Total of Program Service Expenses (should equal line 44, column (B), Program services) 5,276,749.

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ASSOCIATES IN COUNSELING AND CHILD
GUIDANCE, INC.

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Part IV Balance Sheets

			(A) Beginning of year		(B) End of year
Assets	45	Cash - non-interest-bearing	291,341.	45	539,722.
	48	Savings and temporary cash investments		48	
	47 a	Accounts receivable	47a		
	b	Less: allowance for doubtful accounts	47b		47c
	48 a	Pledges receivable	48a		
	b	Less: allowance for doubtful accounts	48b		48c
	49	Grants receivable			49
	50	Receivables from officers, directors, trustees, and key employees			50
	51 a	Other notes and loans receivable	51a		
	b	Less: allowance for doubtful accounts	51b		51c
	52	Inventories for sale or use			52
	53	Prepaid expenses and deferred charges			53
	54	Investments - securities	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54
	55 a	Investments - land, buildings, and equipment: basis	55a		
	b	Less: accumulated depreciation	55b		55c
	56	Investments - other			56
	57 a	Land, buildings, and equipment: basis	57a	85,149.	
	b	Less: accumulated depreciation	57b	16,891.	4,684. 57c 68,258.
	58	Other assets (describe ► SEE STATEMENT 2)		6,000.	58 7,450.
	59	Total assets (add lines 45 through 58) (must equal line 74)		302,025.	58 615,430.
Liabilities	60	Accounts payable and accrued expenses	5,246.	60	19,685.
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees		63	
	64 a	Tax-exempt bond liabilities		64a	
	b	Mortgages and other notes payable		64b	
	65	Other liabilities (describe ►)		65	
	66	Total liabilities (add lines 60 through 65)		5,246.	66 19,685.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted	296,779.	67	595,745.
	68	Temporarily restricted		68	
	69	Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
	73	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)	296,779.	73	595,745.
	74	Total liabilities and net assets / fund balances (add lines 66 and 73)	302,025.	74	615,430.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

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**ASSOCIATES IN COUNSELING AND CHILD
GUIDANCE, INC.**

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Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return		Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
a Total revenue, gains, and other support per audited financial statements	► a 6,323,165.	a Total expenses and losses per audited financial statements	► a 6,024,199.
b Amounts included on line a but not on line 12, Form 990:		b Amounts included on line a but not on line 17, Form 990:	
(1) Net unrealized gains on investments	\$ _____	(1) Donated services and use of facilities	\$ _____
(2) Donated services and use of facilities	\$ _____	(2) Prior year adjustments reported on line 20, Form 990	\$ _____
(3) Recoveries of prior year grants	\$ _____	(3) Losses reported on line 20, Form 990	\$ _____
(4) Other (specify): \$ _____		(4) Other (specify): \$ _____	
Add amounts on lines (1) through (4)	► b	Add amounts on lines (1) through (4)	► b
c Line a minus line b	► c 6,323,165.	c Line a minus line b	► c 6,024,199.
d Amounts included on line 12, Form 990 but not on line a:		d Amounts included on line 17, Form 990 but not on line a:	
(1) Investment expenses not included on line 6b, Form 990	\$ _____	(1) Investment expenses not included on line 6b, Form 990	\$ _____
(2) Other (specify): \$ _____		(2) Other (specify): \$ _____	
Add amounts on lines (1) and (2)	► d	Add amounts on lines (1) and (2)	► d
e Total revenue per line 12, Form 990 (line c plus line d)	► e 6,323,165.	e Total expenses per line 17, Form 990 (line c plus line d)	► e 6,024,199.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule. ► Yes No

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**ASSOCIATES IN COUNSELING AND CHILD
GUIDANCE, INC.**

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Part VI Other Information

		N/A	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X	
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77	X	
	If "Yes," attach a conformed copy of the changes.			
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	79	X	
	If "Yes," attach a statement.			
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X	
b	If "Yes," enter the name of the organization ► _____			
	and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.			
81 a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a	0.	
b	Did the organization file Form 1120-POL for this year?	81b	X	
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See Instructions for reporting in Part III.)	82b	N/A	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members	85c	N/A	
d	Section 162(e) lobbying and political expenditures	85d	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A	
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?	88	X	
	If "Yes," complete Part IX			
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
	section 4911 ► 0. ; section 4912 ► 0. ; section 4955 ► 0.	89a		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?			
	If "Yes," attach a statement explaining each transaction	89b	X	
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			0.
90 a	List the states with which a copy of this return is filed ► PENNSYLVANIA			
b	Number of employees employed in the pay period that includes March 12, 2000	90b	34	

91 The books are in care of ► **GEORGIANA RICE** Telephone no. ► (724) 983-1381Located at ► **272 E. CONNELLY BLVD., SHARON, PA** ZIP code ► **16146**92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ►
and enter the amount of tax-exempt interest received or accrued during the tax year ► | 92 | N/A023041
12-19-00

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Form 990 (2000)

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**ASSOCIATES IN COUNSELING AND CHILD
GUIDANCE, INC.**

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[Part VII] Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

93 Program service revenue:

a FEES AND REIMBURSEMENTS

- b
- c
- d
- e
- f Medicare/Medicaid payments
- g Fees and contracts from government agencies

94 Membership dues and assessments

95 Interest on savings and temporary cash investments

96 Dividends and interest from securities

97 Net rental income or (loss) from real estate:

- a debt-financed property
- b not debt-financed property

98 Net rental income or (loss) from personal property

99 Other investment income

100 Gain or (loss) from sales of assets other than inventory

101 Net income or (loss) from special events

102 Gross profit or (loss) from sales of inventory

103 Other revenue:

- a
- b
- c
- d
- e

104 Subtotal (add columns (B), (D), and (E)) 0 . 000 0 . 6,323,165.

105 Total (add line 104, columns (B), (D), and (E)) ► 0 . 6,323,165.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

[Part VIII] Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).			
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93A	ASSOCIATES IN COUNSELING AND CHILD GUIDANCE IS A NON-PROFIT CORPORATION WHICH PROVIDES MENTAL HEALTH SERVICES FOR CHILDREN IN THE SHENAGO VALLEY AREA.			
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[Part IX] Information Regarding Taxable Subsidiaries and Disregarded Entities

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

[Part X] Information Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8270 and Form 4720 (see instructions).

Accompanying schedules and statements, and to the best of my knowledge and belief, it is true, information of which preparer has any knowledge. (Important: See General Instruction W.)

1-26-01 ► Shavon George Exc. Director
Type or print name and title

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Organization Exempt Under Section 501(c)(3)**(Except Private Foundation and Section 501(a), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust)

OMB No. 1545-0047

Supplementary Information

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

2000Name of the organization **ASSOCIATES IN COUNSELING AND CHILD
GUIDANCE, INC.** Employer identification number
25 1822655**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**
(See instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ►	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ►	0	

LHA For Paperwork Reduction Act Notice, see page 1 of the instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2000

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ASSOCIATES IN COUNSELING AND CHILD

Schedule A (Form 990 or 990-EZ) 2000 GUIDANCE, INC.

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Part III Statements About Activities		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e	Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.	2e	X
3	Does the organization make grants for scholarships, fellowships, student loans, etc.?	3	X
4 a	Do you have a section 403(b) annuity plan for your employees?	4a	X
b	Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.)		

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)

7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____

10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)

11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)

11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)

12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)

13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)
Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2000

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ASSOCIATES IN COUNSELING AND CHILD

Schedule A (Form 990 or 990-EZ) 2000 GUIDANCE, INC.

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Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ►	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	0.				
16 Membership fees received	0.				
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	3,676,604.				3,676,604.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.	0.				
19 Net income from unrelated business activities not included in line 18	0.				
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0.				
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge	0.				
22 Other Income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	3,676,604.	0.	0.	0.	3,676,604.
24 Line 23 minus line 17					
25 Enter 1% of line 23	36,766.				
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24				► 26a	N/A
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts				► 26b	N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)				► 26c	N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____				► 26d	N/A
e Public support (line 26c minus line 26d total)				► 26e	N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				► 26f	N/A %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year: (1999) 0. (1998) 0. (1997) 0. (1996) 0.					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (1999) 0. (1998) 0. (1997) 0. (1996) 0.					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 3,676,604. 20 _____ 21 _____				► 27c	3,676,604.
d Add: Line 27a total 0. and line 27b total 0.				► 27d	0.
e Public support (line 27c total minus line 27d total)				► 27e	3,676,604.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)		► 27f	3,676,604.		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				► 27g	100.0000%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				► 27h	.0000%
28 Unusual Grants: For an organization described in line 10, 11, or 12, that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)					
					NONE

023121
12-27-00

9

Schedule A (Form 990 or 990-EZ) 2000

16570625 781901 ACCG

2000.05050 ASSOCIATES IN COUNSELING AN ACCG 1

ASSOCIATES IN COUNSELING AND CHILD

Schedule A (Form 990 or 990-EZ) 2000 GUIDANCE, INC.

25-1822655 Page 4

Part V Private School Questionnaire

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

29

30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

30

31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?

31

If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)

32 Does the organization maintain the following:

- a Records indicating the racial composition of the student body, faculty, and administrative staff?
- b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d Copies of all material used by the organization or on its behalf to solicit contributions?

If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)

32a

32b

32c

32d

33 Does the organization discriminate by race in any way with respect to:

- a Students' rights or privileges?
- b Admissions policies?
- c Employment of faculty or administrative staff?
- d Scholarships or other financial assistance?
- e Educational policies?
- f Use of facilities?
- g Athletic programs?
- h Other extracurricular activities?

If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)

33a

33b

33c

33d

33e

33f

33g

33h

34 a Does the organization receive any financial aid or assistance from a governmental agency?

34a

b Has the organization's right to such aid ever been revoked or suspended?

34b

If you answered "Yes" to either 34a or b, please explain using an attached statement.

35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

35

Schedule A (Form 990 or 990-EZ) 2000

023131
12-09-00

16570625 781901 ACCG

10

2000.05050 ASSOCIATES IN COUNSELING AN ACCG_1

ASSOCIATES IN COUNSELING AND CHILD

Schedule A (Form 990 or 990-EZ) 2000 GUIDANCE, INC.

25-1822655 Page 5

Part VI-A Lobbying Expenditures by Electing Public Charities

(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

If the organization belongs to an affiliated group

Check here ▶ If you checked "a" above and "limited control" provisions apply.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 591(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 9 of the instructions.)

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period					N/A
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total	
45 Lobbying nontaxable amount					0.	
46 Lobbying ceiling amount (150% of line 45(e))					0.	
47 Total lobbying expenditures					0.	
48 Grassroots nontaxable amount					0.	
49 Grassroots ceiling amount (150% of line 48(e))					0.	
50 Grassroots lobbying expenditures					0.	

Part VI-B: Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines e through h)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

ASSOCIATES IN COUNSELING AND CHILD GUIDA

25-1822655

RM 990	OTHER EXPENSES	STATEMENT	1
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL
	(D) FUNDRAISING		
INSURANCE	13,539.	13,539.	
ADVERTISING	98,941.		98,941.
CONTRACTED LABOR	3,438,161.	3,438,161.	
CONTRACTED SERVICES	82,147.	82,147.	
STAFF SERVICES	14,465.	14,465.	
SECURITY	15,515.	15,515.	
MISCELLANEOUS	18,602.	18,602.	
CONTRIBUTIONS	2,132.	2,132.	
MEALS AND ENTERTAINMENT	12,041.	12,041.	
YOUTH MEMBERSHIPS	5,310.	5,310.	
SUBSCRIPTIONS	1,435.	1,435.	
RENT	47,900.	47,900.	
TOTAL TO FM 990, LN 43	3,750,188.	3,651,247.	98,941.

FORM 990	OTHER ASSETS	STATEMENT	2
DESCRIPTION	AMOUNT		
LEASE DEPOSIT	6,000.		
NOTE RECEIVABLE - EMPLOYEE	1,450.		
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	7,450.		

Form 8868 (12-2000)

Page 14

- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box ► **X**

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.		
Type or print. File by the extended due date for filing the return. See instructions.	Name of Exempt Organization ASSOCIATES IN COUNSELING AND CHILD GUIDANCE, INC.	Employer Identification number 25-1822655
	Number, street, and room or suite no. If a P.O. box, see instructions. 272 E. CONNELLY BLVD.	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SHARON, PA 16146	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

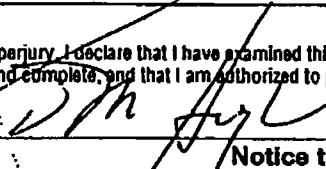
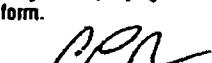
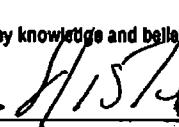
- If the organization does not have an office or place of business in the United States, check this box ► **□**
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ► **□**. If it is for part of the group, check this box ► **□** and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until NOVEMBER 15, 2001.
- 5 For calendar year 2000, or other tax year beginning _____ and ending _____.
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension
THE TAXPAYER IS CURRENTLY AWAITING ADDITIONAL INFORMATION THAT IS NEEDED TO FILE A COMPLETE AND ACCURATE RETURN.

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See Instructions \$ _____
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____
- c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See Instructions \$ _____ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► Title ► Date ► 

Notice to Applicant - To Be Completed by the IRS

We have approved this application. Please attach this form to the organization's return.

We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.

We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.

We cannot consider this application because it was filed after the due date of the return for which an extension was requested.

Other _____

By: _____ Date: _____

Director Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name MCGILL, POWER, BELL & ASSOCIATES, LLP
	Number and street (include suite, room, or apt. no.) Or a P.O. box number 3110 HIGHLAND ROAD
	City or town, province or state, and country (including postal or ZIP code) HERMITAGE, PA 16148

Form 8868
(December 2000)Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ►
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ►

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print	Name of Exempt Organization ASSOCIATES IN COUNSELING AND CHILD GUIDANCE, INC.	Employer identification number 25-1822655
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 272 E. CONNELLY BLVD.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SHARON, PA 16146	

Check type of return to be filed (file a separate application for each return):

Form 990
 Form 990-BL
 Form 990-EZ
 Form 990-PF

Form 990-T (corporation)
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 990-T (trust other than above)
 Form 1041-A

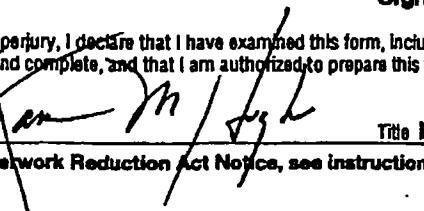
Form 4720
 Form 5227
 Form 6069
 Form 8870

- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until AUGUST 15, 2001 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ► calendar year 2000 or
 ► tax year beginning _____, and ending _____.
- 2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____
- c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► 
Title ► CPS
LHA For Paperwork Reduction Act Notice, see instruction

Date ► 5/10/01

Form 8868 (12-2000)

Form 4562

Depreciation and Amortization

OMB No. 1545-0172

2000

Attachment Sequence No.

67

Department of the Treasury
Internal Revenue Service

(99)

(Including Information on Listed Property)

► See separate instructions.

► Attach this form to your return.

Name(s) shown on return

ACCG, INC.

Business or activity to which this form relates

All Business Activities**Part I Election To Expense Certain Tangible Property (Section 179)****Note: If you have any "listed property," complete Part V before you complete Part I.**

1 Maximum dollar limitation. If an enterprise zone business, see page 2 of the instructions	1	\$20,000
2 Total cost of section 179 property placed in service. See page 2 of the instructions	2	
3 Threshold cost of section 179 property before reduction in limitation	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see page 2 of the instructions	5	
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		
7 Listed property. Enter amount from line 27	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from 1999. See page 3 of the instructions	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2001. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones,

certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

Part II MACRS Depreciation for Assets Placed in Service Only During Your 2000 Tax Year (Do not include listed property.)**Section A-General Asset Account Election**

14 If you are making the election under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See page 3 of the instructions.

**Section B-General Depreciation System (GDS) (See page 3 of the instructions.)**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
15a 3-year property						
b 5-year property		60,206.31	5.0	HY	200DB	12,041.27
c 7-year property		8,063.40	7.0	HY	200DB	1,151.91
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C-Alternative Depreciation System (ADS) (See page 5 of the instructions.)

16a Class life				S/L	
b 12-year			12 yrs.	S/L	
c 40-year			40 yrs.	MM	S/L

Part III Other Depreciation (Do not include listed property.) (See page 5 of the instructions.)

17 GDS and ADS deductions for assets placed in service in tax years beginning before 2000	17	1,687.19
18 Property subject to section 168(f)(1) election	18	
19 ACRS and other depreciation	19	975.67

Part IV Summary (See page 6 of the instructions.)

20 Listed property. Enter amount from line 26	20	
21 Total. Add deductions from line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instructions	21	15,856.04
? For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	22	

For Paperwork Reduction Act Notice, see page 9 of the instructions.

DAA

Form 4562 (2000)

Form 4562 (2000) ACCG, INC.

Page 2

Part V Listed Property- (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)
 Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 23a, 23b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A-Depreciation and Other Information (Caution: See page 7 of the instructions for limits for passenger automobiles.)

23a Do you have evidence to support the busn./invest. use claimed?	Yes	No	23b If "Yes," is the evidence written?	Yes	No
--	-----	----	--	-----	----

(a) Type of prop. (list vehicles first)	(b) Date placed in service	(c) Busn./Invest. use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	----------------------------------	---	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

24 Property used more than 50% in a qualified business use (See page 6 of the instructions.):	%							
	%							

25 Property used 50% or less in a qualified business use (See page 6 of the instructions.):	%			S/L-			
	%			S/L-			

26 Add amounts in column (h). Enter the total here and on line 20, page 1	26
27 Add amounts in column (i). Enter the total here and on line 7, page 1	27

Section B-Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

28 Total business/investment miles driven during the year (do not include commuting miles-see page 1 of the instructions)	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
29 Total commuting miles driven during the year						
30 Total other personal (noncommuting) miles driven						
31 Total miles driven during the year. Add lines 28 through 30						
32 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
33 Was the vehicle used primarily by a more than 5% owner or related person?						
34 Is another vehicle available for personal use?						

Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons. See page 8 of the instructions.

35 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
36 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 8 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
37 Do you treat all use of vehicles by employees as personal use?		
38 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
39 Do you meet the requirements concerning qualified automobile demonstration use? See page 8 of the instructions Note: If your answer to 35, 36, 37, 38, or 39 is "Yes," do not complete Section B for the covered vehicles.		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
-----------------------------	---------------------------------	---------------------------	---------------------	--	-----------------------------------

40 Amortization of costs that begins during your 2000 tax year (See page 8 of the instructions.):					
---	--	--	--	--	--

41 Amortization of costs that began before 2000	41
42 Total. Add amounts in column (f). See page 9 of the instructions for where to report	42